

**PROFICIENCY TESTING PROGRAM ENROLLMENT APPLICATION
FOR STATE LICENSED CLINICAL LABORATORIES (2005)**

☐ New

☐ Renewal

The Department has granted equivalency to specific alternate proficiency providers identified below: CAP and AAB. Where indicated, state licensed laboratories may choose to enroll in CLIS or one of the specific alternative surveys. SUBSTITUTION OF SURVEYS OTHER THAN THOSE LISTED WILL NOT BE PERMITTED WITHOUT PRIOR CLIS APPROVAL.

A fee for reviewing performance data from approved alternative surveys is indicated next to each alternative survey. This fee is payable to CLIS and is in addition to any enrollment fee required by the alternative PT provider. Please check the appropriate box next to the fee under the proficiency provider you have chosen for laboratory evaluation.

Name and Address of Laboratory		Exact Shipping Address for Surveys	
Name of Contact Person	Telephone Number		Fax Number
Name of Lab Director (Print)	CLIA ID No.	COLA ID No.	Email Address

>> **ATTENTION CLIS PT PROGRAM PARTICIPANTS:** DO YOU WISH TO HAVE RESULTS REPORTED TO THE CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS) FOR COMPLIANCE WITH CLIA '88? ☐ YES ☐ NO

Type of Survey	CLIS			To Be Completed by Labs Enrolled with CAP			To Be Completed by Labs Enrolled with AAB		
	Code	Fee	X	Code	Fee	X	Code	Fee	X
Bacteriology	////	////	///	<input type="checkbox"/> D <input type="checkbox"/> D3 <input type="checkbox"/> D2 <input type="checkbox"/> D4	\$50/ Survey		Bacteriology	\$50	
Throat Culture Only (Plate/Disk)	M101	\$150		D1	\$50		GC Culture	\$50	
Group A Strep Throat Screen Only (Swab) - Rapid Strep	M103	\$100		D6	\$50		Urine Culture	\$50	
Gram Stains Only	////	////	///	D5	\$50		Throat Culture	\$50	
Syphilis	S100	\$150		G	\$50		Antigen Screen	\$50	
Diagnostic Immunology, Indicate: <input type="checkbox"/> ASO <input type="checkbox"/> Rubella <input type="checkbox"/> RF <input type="checkbox"/> IM <input type="checkbox"/> Serum hCG	S101	\$340		<input type="checkbox"/> ASO <input type="checkbox"/> hCG <input type="checkbox"/> IM <input type="checkbox"/> RF <input type="checkbox"/> RUB	\$50		Syphilis	\$50	
Indicate: <input type="checkbox"/> Rubella and/or <input type="checkbox"/> Rheumatoid Factor Only	S102	\$280		<input type="checkbox"/> RF <input type="checkbox"/> RUB	\$50		Rubella	\$50	
Indicate: <input type="checkbox"/> ASO <input type="checkbox"/> IM and/or <input type="checkbox"/> Serum hCG Only	S103	\$280		<input type="checkbox"/> ASO <input type="checkbox"/> IM <input type="checkbox"/> hCG	\$50		Rheumatoid Factor	\$50	
Antinuclear Antibody	////	////	///	ANA	\$50		ASO	\$50	
Endocrinology (Cortisol and Thyroid Function Tests Only)	E100	\$190		<input type="checkbox"/> K <input type="checkbox"/> C1 <input type="checkbox"/> KN <input type="checkbox"/> C3	\$50/ Survey		IM	\$50	
Chemistry	C100	\$275		<input type="checkbox"/> C1 <input type="checkbox"/> C3 <input type="checkbox"/> CARM	\$50/ Survey		hCG	\$50	
Neonatal Bilirubin	////	////	///	NB	\$50		ANA	\$50	
Lipids/Glucose Only	C101	\$175					Comp. Chemistry	\$50	
Electrolytes Only	C103	\$150					Basic Chemistry	\$50	
Blood Gas * (Number of Surveys: _____)	////	////	///	<input type="checkbox"/> O <input type="checkbox"/> AQ <input type="checkbox"/> Q <input type="checkbox"/> AQ2	\$50 X (NS)		Comp. Chemistry	\$50	
Erythrocyte Protoporphyrin	////	////	///	EPO	\$50		Isoenzymes	\$50	
Drugs of Abuse	T101	\$250		<input type="checkbox"/> UT <input type="checkbox"/> UDS <input type="checkbox"/> UDC <input type="checkbox"/> SDS	\$50/ Survey		Lipids Only	\$50	
Therapeutic Drug Monitoring (TDM)	T102	\$320		<input type="checkbox"/> Z <input type="checkbox"/> ZM	\$50/ Survey		Electrolytes Only		
Comprehensive Blood Bank and Immunohematology	////	////	///	<input type="checkbox"/> J <input type="checkbox"/> JAT	\$50/ Survey		Blood Gas *	\$50 X (NS)	
Limited Immunohematology	////	////	///	J1	\$50		Erythrocyte Protoporphyrin		
Hematology (CBC)	H100	\$225		<input type="checkbox"/> HE <input type="checkbox"/> FH5 <input type="checkbox"/> FH1 <input type="checkbox"/> FH6 <input type="checkbox"/> FH2 <input type="checkbox"/> FH8 <input type="checkbox"/> FH3 <input type="checkbox"/> FH9 <input type="checkbox"/> FH4 <input type="checkbox"/> FH10	\$50/ Survey		Drugs of Abuse		
Blood Cell ID: <input type="checkbox"/> Yes <input type="checkbox"/> No							Therapeutic Drug Monitoring (TDM)	\$50	

* Surveys required for each primary testing instrument in the facility. Surveys for back-up instruments are optional. Include number of surveys needed (NS) in calculations.

PROFICIENCY TESTING PROGRAM ENROLLMENT APPLICATION FOR STATE LICENSED CLINICAL LABS, Continued

Name of Laboratory				CLIA ID No.			COLA ID No.		
Type of Survey	CLIS			To Be Completed by Labs Enrolled with CAP			To Be Completed by Labs Enrolled with AAB		
	Code	Fee	X	Code	Fee	X	Code	Fee	X
QBC Centrifugal Hematology with Differential	H104	\$225		//////////	////	///	QBC	\$50	
Hemoglobin/Hematocrit Only	H101	\$125		//////////	////	///	//////////	////	///
Blood Cell ID Only	H102	\$100		//////////	////	///	//////////	////	///
Coagulation	H103	\$225		<input type="checkbox"/> CG1 <input type="checkbox"/> CG2	\$50/ Survey		Coagulation	\$50	
Whole Blood Prothrombin Time (Only Roche CoaguChek S/Pro DM System)	H105	\$175		<input type="checkbox"/> WBP <input type="checkbox"/> WP2 <input type="checkbox"/> WP1	\$50/ Survey		Whole Blood PT	\$50	
Mycobacteriology, Class 1, 2	////	////	///	E1	\$50		AF Screen	\$50	
Mycobacteriology, Class 3, 4	////	////	///	E	\$50		//////////	////	///
Parasitology	////	////	///	<input type="checkbox"/> P <input type="checkbox"/> P1 <input type="checkbox"/> BP	\$50/ Survey		Parasitology	\$50	
Mycology (Class 4)	////	////	///	F	\$50		//////////	////	///
Mycology (Class 3)	////	////	///	F1	\$50		//////////	////	///
Virology	////	////	///	<input type="checkbox"/> VR1 <input type="checkbox"/> HC2 <input type="checkbox"/> VR2 <input type="checkbox"/> HC3 <input type="checkbox"/> VR3 <input type="checkbox"/> HC4 <input type="checkbox"/> VR4 <input type="checkbox"/> HC5 <input type="checkbox"/> HC1 <input type="checkbox"/> HC6	\$50/ Survey		Chlamydia Antigen Screen	\$50	
Whole Blood/Serum Alcohol	////	////	///	<input type="checkbox"/> AL1 <input type="checkbox"/> AL2	\$50/ Survey		Alcohol (Serum)	\$50	
Blood Lead (Labs using filter paper collection techniques must enroll with Wis. PT Survey FB.)	////	////	///	<input type="checkbox"/> BL <input type="checkbox"/> Wis-PB <input type="checkbox"/> Wis-FB	\$50/ Survey		//////////	////	///
General Immunology (A-1-a, C3/C4, IgA, IgE, IgG, IgM)	////	////	///	<input type="checkbox"/> IG <input type="checkbox"/> SE	\$50/ Survey		Immunoproteins	\$50	
Hepatitis/HIV (Labs using Murex Test Kit for HIV may enroll with Wisconsin State Proficiency Testing Program)	////	////	///	<input type="checkbox"/> VM1 <input type="checkbox"/> VM2 <input type="checkbox"/> RHIV <input type="checkbox"/> Wisc. HIV	\$50/ Survey		Viral Markers	\$50	

BIANNUAL ASSESSMENT PROGRAM (BAP)

Type of Survey	Code	Fee	X	Type of Survey	Code	Fee	X
Sedimentation Rate	B103	\$75		Urinalysis Combo (see brochure)	B114	\$75	
CoaguChek Prothrombin Time (Not for State Licensed Labs)	B116	\$75		Microscopy: <input type="checkbox"/> Yes <input type="checkbox"/> No	B115	\$25	
Throat-Screen (CLIA-Waived DAT Methods) (Not for State-Licensed Labs)	B113	\$25		Fecal Occult Blood	B111	\$100	
Dermatophyte Screen (DTM Agar)	M400	\$75		Sperm Count	B104	\$25	
H. pylori Antibody	B105	\$75		Sperm (Absence or Presence)	B106	\$35	
Urine Culture (UC) Screen	M104	\$75		C-Reactive Protein (CRP)	B107	\$75	
UC Screen with Antibiotic Susceptibility Testing	M105	\$100		PSA and/or PAP	B108	\$50	
Dipstick Urinalysis Only	U100	\$35		Whole Blood Glucose (CLIA-Waived Methods)	B109	\$50	
Urine hCG Only	B110	\$25		Glycohemoglobin	B117	\$50	
Urine Microscopy Only	B100	\$25		GGT and/or Phosphorus	B101	\$25	
				KOH Prep	B102	\$25	
				Pinworm Prep	B112	\$25	
				Vaginal Wet Prep			

Total Fee for Required Services: \$ _____ (Not applicable to Initial Applications
Renewal After 11/10/04: \$50.00 requested after this date.)
 GRAND TOTAL: \$ _____

A check or money order, payable to "NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES-PT" must accompany each application. Telephone orders WILL NOT be accepted. As some survey samples may contain pathogenic material, an authorized signature is required to process this order. Authorization conveys responsibility for receiving, storing and disposing of such material to the laboratory purchasing the samples.

Name of Authorized Individual				Title			
Signature						Date	
FOR STATE USE ONLY:	Check/M.O. No.	Date of Check/M.O.	Amount	Received By	Date Received		